

00862.021995.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

TAKUMA KOBAYASHI, et al.

Application No.: 09/651,294

Filed: August 30, 2000

For: INFORMATION
PROCESSING APPARATUS
AND METHOD

) Examiner: A. Patel

) Group Art Unit: 2127

) January 30, 2004

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Turner B
2/13/04
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Technology Center 2100

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated October 31, 2003, please amend the above-identified application as follows:

02/06/2004 MBELETE1 00000038 09651294

01 FC:1201
02 FC:1202

86.00 OP
18.00 OP



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COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 13	= 1	x \$9 \$18	\$ 18.00
INDEP. CLAIMS	* 4	MINUS	*** 3	= 1	x \$43 \$86	\$ 86.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 104.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

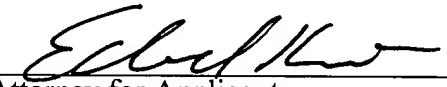
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$ 104.00 is enclosed.

- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 42,746

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120
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